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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Part 1: Identify Yourself | | | | | | |
|-----|--|---|--|---|--|--|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 1. | Your full name | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Steven First name K Middle name Schmidt Last name and Suffix (Sr., Jr., II, III) | | Michele First name J Middle name Trevino-Schmidt Last name and Suffix (Sr., Jr., II, III) | | | |
| 2. | All other names you have used in the last 8 years Include your married or | | | | | | |
| | maiden names. | | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9684 | | xxx-xx-9347 | | | |

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Debtor 1 Steven K Schmidt
Debtor 2 Michele J Trevino-Schmidt

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 2086 Leeward Lane Hanover Park, IL 60133 Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |

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| Debtor 2 Michele J Trevino-Schmidt | | | | Case number (if known) | | |
|------------------------------------|---|--|---|---|---|--|
| Do | Tall the Court About | Varia Danlini intari | | | | |
| 7. | The chapter of the | Check one. (For a | brief description of each, see No | | 342(b) for Individuals Filing for Bankruptcy | |
| | Bankruptcy Code you are choosing to file under | | o, go to the top of page 1 and che | eck the appropriate box. | | |
| | | Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| 8. | How you will pay the fee | about how | you may pay. Typically, if you are ur attorney is submitting your payı | paying the fee yourself, you | elerk's office in your local court for more details may pay with cash, cashier's check, or money orney may pay with a credit card or check with | |
| | | | ay the fee in installments. If you Fee in Installments (Official Form | | d attach the Application for Individuals to Pay | |
| | | ☐ I request t but is not re applies to y | nat my fee be waived (You may equired to, waive your fee, and ma | request this option only if you ay do so only if your income is le to pay the fee in installmen | u are filing for Chapter 7. By law, a judge may, s less than 150% of the official poverty line that ats). If you choose this option, you must fill out 03B) and file it with your petition. | |
| | | | | | | |
| 9. | Have you filed for bankruptcy within the | No. | | | | |
| | last 8 years? | ☐ Yes. | | | | |
| | | Distric | | When | Case number | |
| | | Distric | | When | Case number | |
| | | Distric | t | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | Debto | r | | Relationship to you | |
| | | Distric | t | When | Case number, if known | |
| | | Debto | | | Relationship to you | |
| | | Distric | t | When | Case number, if known | |
| 11. | Do you rent your | □ No. Go to |) line 12. | | | |
| | residence? | ■ Yes. Has | your landlord obtained an eviction | ı judgment against you and d | lo you want to stay in your residence? | |
| | | | No. Go to line 12. | | | |
| | | | Yes. Fill out <i>Initial Statement A</i> bankruptcy petition. | Nout an Eviction Judgment A | Against You (Form 101A) and file it with this | |

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Debtor 1 Steven K Schmidt

| Deb | otor 2 Michele J Trevino- | Schmidt | | | Case number (if known) | | |
|--|---|------------|---------------------------------------|---|---|---|--|
| | | | | | | | |
| Par | t 3: Report About Any Bu | ısinesses | You Owr | n as a Sole Proprie | tor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Go to Part 4. | | | |
| | | ☐ Yes. | Name | e and location of bus | siness | | |
| | A sole proprietorship is a | | | | _ | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | oer, Street, City, Stat | te & ZIP Code | | |
| | it to this petition. | | Chec | k the appropriate bo | x to describe your business: | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | |
| Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach | | | | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure | | | |
| | For a definition of small | ■ No. | No. I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am i Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am i | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | · Have Any | / Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | _ | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is , why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | | | |
| | a.gont ropuno: | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Steven K Schmidt
Debtor 2 Michele J Trevino-Schmidt

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-14425 Doc 1 Filed 04/28/16 Entered 04/28/16 10:46:21 Desc Main Document Page 6 of 53

| | otor 2 Michele J Trevino-S | Schmidt | | Case number | (if known) | | | |
|---|--|---|---|---|---|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | eporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consu individual primarily for a personal, | mer debts? Consumer debts are define , family, or household purpose." | ed in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you owe the | nat are not consumer debts or business | debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. G | o to line 18. | | | | |
| Do you estimate that after any exempt property is excluded and administrative expenses | | ■ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ■ No □ Yes | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | □ \$100,0 | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you estimate your liabilities to be? | □ \$100,0 | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Par | t 7: Sign Below | | | | | | | |
| For | you | I have exa | amined this petition, and I declare | under penalty of perjury that the informa | ation provided is true and correct. | | | |
| | | | | n aware that I may proceed, if eligible, u available under each chapter, and I cho | | | | |
| | | | | ay or agree to pay someone who is not a clice required by 11 U.S.C. § 342(b). | an attorney to help me fill out this | | | |
| | | I request i | relief in accordance with the chapt | er of title 11, United States Code, specif | fied in this petition. | | | |
| | | | cy case can result in fines up to \$2 | cealing property, or obtaining money or 50,000, or imprisonment for up to 20 ye | property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | /s/ Steve | n K Schmidt | /s/ Michele J Trevi | | | | |
| | | | C Schmidt of Debtor 1 | Michele J Trevino- Signature of Debtor 2 | | | | |
| | | Executed | on April 28, 2016 MM / DD / YYYY | | 28, 2016 DD / YYYY | | | |

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| Debtor 1 | Steven K Schmidt | even K Schmidt ichele J Trevino-Schmidt | | iment | Page 7 c | of 53 | |
|----------|--|--|---------------------------|----------------|--|--------------|---|
| Debtor 2 | | | | | | Cas | e number (if known) |
| | | | | | | | |
| • | attorney, if you are ted by one | under Chap | ter 7, 11, 12, or 13 of t | itle 11, Unite | d States Code | , and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| • | not represented by ey, you do not need s page. | and, in a ca | |)(D) applies, | | | eledge after an inquiry that the information in the |
| | | | Blust, Law Office of | Jason Blust | <u>t </u> | Date | April 28, 2016 |
| | | Signature of | Attorney for Debtor | | | | MM / DD / YYYY |
| | | | st, Law Office of Jas | on Blust | | | |
| | | Printed name | | | | | |
| | | Law Office | of Jason Blust | | | | |
| | | 211 W Wa | akar Driva | | | | |
| | | STE 200 | cker Drive | | | | |
| | | Chicago, II | 60606 | | | | |
| | | | City, State & ZIP Code | | | | |
| | | Contact phone | (312) 273-5001 | | Em | nail address | |

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| | | 17(7(.1111) | .III FAUE 0 UL JJ | |
|---------------------|--------------------------|-------------------|-------------------|--------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Steven K Schmidt | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Michele J Trevino- | Schmidt | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is a |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
|-----|---|--------------|-------------------------|
| Par | t 1: Summarize Your Assets | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 9,588.42 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 9,588.42 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 20,543.00 |
| | Your total liabilities | \$ | 20,543.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 545.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,006.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Steven K Schmidt Document Page

Debtor 2 Michele J Trevino-Schmidt Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,771.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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|---------------------------------------|------------------------------|--|------------------------------|---|---------------------------------------|
| Fill in this info | rmation to identify your | case and this filing: | | | |
| Debtor 1 | Steven K Schmidt | | Lost Nome | | |
| Debtor 2 | Michele J Trevino | Middle Name -Schmidt | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States B | Sankruptcy Court for the: | NORTHERN DISTRICT OF ILL | NOIS | | |
| Case number | | | | | ☐ Check if this is an |
| | | | _ | | Check if this is an amended filing |
| | | | | | |
| Official Fo | orm 106A/B | | | | |
| Schedu | le A/B: Prop | ertv | | | 12/15 |
| | | e items. List an asset only once. If | an asset fits in more than o | ne category, list the asset in t | |
| | | ate as possible. If two married peop | | | |
| ntormation, it mo inswer every que | | a separate sheet to this form. On the | ne top of any additional pag | es, write your name and case | number (if known). |
| Part 1: Describ | e Each Residence. Buildin | g, Land, or Other Real Estate You O | wn or Have an Interest In | | |
| | <u> </u> | | | | |
| . Do you own oi | r nave any legal or equitabl | e interest in any residence, building | , land, or similar property? | | |
| No. Go to Pa | art 2. | | | | |
| ☐ Yes. Where | e is the property? | | | | |
| Part 2: Describ | e Your Vehicles | | | | |
| | | | | | |
| □ No ■ Yes | | tility vehicles, motorcycles | | | |
| 3.1 Make: | Jeep | Who has an interest in the | ne property? Check one | Do not deduct secured clai the amount of any secured | |
| Model: | Cherokee | ☐ Debtor 1 only | | Creditors Who Have Claim | |
| Year: | 2004 | Debtor 2 only | | Current value of the | Current value of the |
| Approxim Other info | | Debtor 1 and Debtor 2 | | entire property? | portion you own? |
| Other inio | imation: | At least one of the deb | tors and another | | |
| | | ☐ Check if this is comm | nunity property | \$3,200.00 | \$3,200.00 |
| | | (see instructions) | | | |
| 0.0 Males | Ford | Miles has an interest in the | | Do not deduct secured clai | ms or exemptions. Put |
| 3.2 Make: Model: | Mustang | Who has an interest in the Debtor 1 only | ne property? Check one | the amount of any secured Creditors Who Have Claim | |
| Year: | 2001 | Debtor 2 only | | | |
| | ate mileage: 130 | ,000 Debtor 1 and Debtor 2 | only | Current value of the entire property? | Current value of the portion you own? |
| Other info | rmation: | At least one of the deb | tors and another | | |
| | | Check if this is comn (see instructions) | nunity property | \$2,500.00 | \$2,500.00 |
| | | · | | | |
| Watercraft, a | aircraft, motor homes. A | TVs and other recreational veh | icles, other vehicles, and | d accessories | |
| | | onal watercraft, fishing vessels, s | | | |
| = | | | | | |
| ■ No | | | | | |

☐ Yes

Case 16-14425 Doc 1 Filed 04/28/16 Entered 04/28/16 10:46:21 Desc Main Document Page 11 of 53 Debtor 1 Steven K Schmidt Debtor 2 Michele J Trevino-Schmidt Case number (if known) 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$5,700.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Miscellaneous used household goods \$1,200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$800.00 Personal Used Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$50.00 Miscellaneous costume jewelry

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

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| | ebtor 2 Michele J | Trevino-Schmidt | Case number (if known, | |
|-----|-----------------------------------|--|--|---|
| | | | | |
| 15 | | | Part 3, including any entries for pages you have attached | \$2,050.00 |
| Pa | art 4: Describe Your Fi | nancial Assets | | |
| Do | o you own or have ar | ny legal or equitable interest i | n any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No | ou have in your wallet, in your h | nome, in a safe deposit box, and on hand when you file your petit | ion |
| 17. | | g, savings, or other financial acc | counts; certificates of deposit; shares in credit unions, brokerage ts with the same institution, list each. | houses, and other similar |
| | ■ Yes | | Institution name: Checking account with Bank of America | |
| | | 17.1. | Joint Debtor's Mother's Account | \$250.00 |
| | | | | |
| | | 17.2. | Checking account with Byline Bank | \$1,588.42 |
| 10. | | ds, or publicly traded stocks nds, investment accounts with b Institution or issue | rokerage firms, money market accounts r name: | |
| 19. | Non-publicly traded joint venture | d stock and interests in incorp | porated and unincorporated businesses, including an intere | st in an LLC, partnership, and |
| | ■ No | | | |
| | ☐ Yes. Give specific | c information about them Name of entity: | % of ownership: | |
| 20. | Negotiable instrume | ents include personal checks, ca | potiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them. | |
| | ■ No | | | |
| | ☐ Yes. Give specific | information about them Issuer name: | | |
| 21. | • | | 403(b), thrift savings accounts, or other pension or profit-sharing | ı plans |
| | ■ No □ Yes. List each acc | count separately. Type of account: | Institution name: | |
| 22. | | used deposits you have made s | so that you may continue service or use from a company c, public utilities (electric, gas, water), telecommunications compa | inies, or others |
| | Yes | | Institution name or individual: | |
| 23. | _ ` | ct for a periodic payment of mor | ney to you, either for life or for a number of years) | |
| | ■ No □ Yes | Issuer name and description. | | |
| | — 100 | | | |

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Official Form 106A/B Schedule A/B: Property page 4

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ Yes. Describe each claim.......

■ No

Case 16-14425 Doc 1 Filed 04/28/16 Entered 04/28/16 10:46:21 Desc Main Document Page 14 of 53 Steven K Schmidt Debtor 1 Michele J Trevino-Schmidt Debtor 2 Case number (if known) 35. Any financial assets you did not already list ■ No $\hfill \square$ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1.838.42 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$5,700.00 Part 3: Total personal and household items, line 15 57. \$2,050.00 Part 4: Total financial assets, line 36 \$1,838.42 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$9.588.42

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$9.588.42

\$9,588.42

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| | | 12(12) | $\frac{1}{2}$ | | |
|---|--------------------------|-------------------|---------------|--|--|
| Fill in this information to identify your case: | | | | | |
| Debtor 1 | Steven K Schmidt | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Michele J Trevino- | Schmidt | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| 2004 Jeep Cherokee 190,000 miles Line from Schedule A/B: 3.1 | \$3,200.00 | \$2,400.00 735 ILCS 5/12-1001(c) |
| Ellie Holli Genedale A.B. G. 1 | | 100% of fair market value, up to any applicable statutory limit |
| 2004 Jeep Cherokee 190,000 miles | \$3,200.00 | \$800.00 735 ILCS 5/12-1001(b) |
| Ellie Holli Genedale A.B. G. 1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| 2001 Ford Mustang 130,000 miles Line from Schedule A/B: 3.2 | \$2,500.00 | \$2,400.00 735 ILCS 5/12-1001(c) |
| Ellie Holli Geriedale 742. G.E | | 100% of fair market value, up to any applicable statutory limit |
| 2001 Ford Mustang 130,000 miles | \$2,500.00 | \$100.00 735 ILCS 5/12-1001(b) |
| Line nom <i>Schedule Arb.</i> 3.2 | | 100% of fair market value, up to any applicable statutory limit |
| Miscellaneous used household goods Line from Schedule A/B: 6.1 | \$1,200.00 | \$1,200.00 735 ILCS 5/12-1001(b) |
| Elic Holli Golleddio FVD. G. 1 | | ☐ 100% of fair market value, up to any applicable statutory limit |

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Michele J Trevino-Schmidt Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Personal Used Clothing 735 ILCS 5/12-1001(a) \$800.00 \$800.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Miscellaneous costume jewelry 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Checking account with Bank of America 735 ILCS 5/12-1001(b) \$250.00 \$250.00 Joint Debtor's Mother's Account 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit Checking account with Byline Bank 735 ILCS 5/12-1001(b) \$1,588.42 \$1,588.42 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Steven K Schmidt

Debtor 1

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| Fill in this information to identify your case: | | | | | |
|---|--------------------|-------------------|-------------|--|--|
| Debtor 1 | Steven K Schmidt | Middle Name | Last Name | | |
| Debtor 2 | Michele J Trevino- | | Lastivanie | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ | | | | | |
| (if known) | | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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| | | Document | Page 18 | 3 of 53 | - | | |
|---|--|--|---------------------------------|---|----------------------------------|-------------------------------------|-----------------|
| Fill in this | information to identify your case: | | | | | | |
| Debtor 1 | Steven K Schmidt | | | |] | | |
| | First Name Mic | ddle Name | Last Name | | | | |
| Debtor 2 (Spouse if, filing) | Michele J Trevino-Schmidt First Name Mic | ddle Name | Last Name | | | | |
| United Sta | tes Bankruptcy Court for the: NORTH | HERN DISTRICT OF ILL | INOIS | | | | |
| Case num (if known) | ber | | | | | heck if this is mended filing | an |
| Official | Form 106E/F | | | | | | |
| Schedu | ıle E/F: Creditors Who Ha | ve Unsecured | Claims | | | 12/ ⁻ | 15 |
| Schedule G: Schedule D: left. Attach t name and ca | ry contracts or unexpired leases that could Executory Contracts and Unexpired Lease Creditors Who Have Claims Secured by Pr he Continuation Page to this page. If you hase number (if known). | es (Official Form 106G). Do roperty. If more space is r lave no information to rep | o not include leeded, copy t | any creditors with partially the Part you need, fill it out, | secured claims number the ent | that are listed tries in the box | in es on the |
| | List All of Your PRIORITY Unsecured | | | | | | |
| _ ` | creditors have priority unsecured claims a | igainst you? | | | | | |
| | Go to Part 2. | | | | | | |
| Part 2: | | urad Claima | | | | | |
| | List All of Your NONPRIORITY Unsect | | | | | | |
| _ ` | creditors have nonpriority unsecured claim | | | | | | |
| ⊔ No. | You have nothing to report in this part. Submit | t this form to the court with y | our other sche | edules. | | | |
| Yes. | | | | | | | |
| unsecui | of your nonpriority unsecured claims in the red claim, list the creditor separately for each ce creditor holds a particular claim, list the other | claim. For each claim listed, | identify what t | ype of claim it is. Do not list c | laims already inc | luded in Part 1. | If more |
| | | | | | | Total claim | |
| 4.1 Af | ni | Last 4 digits of acco | ount number | 9471 | | | \$61.00 |
| 13 | npriority Creditor's Name 310 Martin Luther King Dr oomington, IL 61701 | When was the debt | incurred? | Opened 9/01/13 | | - | |
| Nu | mber Street City State Zlp Code no incurred the debt? Check one. | As of the date you f | ile, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| _ | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIOR | ITY unsecured | d claim: | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | |
| de Is t | bt the claim subject to offset? | Obligations arising report as priority clair | | ration agreement or divorce t | hat you did not | | |
| | No | ☐ Debts to pension | or profit-sharin | g plans, and other similar deb | ots | | |
| | Yes | Other. Specify | Collection A | ttorney At T | | | |

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| Debto Debto | r 1 Steven K Schmidt r 2 Michele J Trevino-Schmidt | | Case number (if know) | |
|----------------|---|--|---|----------|
| 4.2 | Armor Systems Co | Last 4 digits of account number | 5905 | \$812.00 |
| | Nonpriority Creditor's Name 1700 Kiefer Dr Ste 1 Zion, IL 60099 | When was the debt incurred? | Opened 6/01/13 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | rration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection A Sc | ttorney Tiesenga Surgical Assoc. | |
| 4.3 | Atg Credit | Last 4 digits of account number | 6349 | \$271.00 |
| | Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Chicago, IL 60622 | When was the debt incurred? | Opened 8/01/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Collection A Consultants | ttorney Winfield Radiology | |
| 4.4 | Atg Credit Nonpriority Creditor's Name | Last 4 digits of account number | 8901 | \$17.00 |
| | 1700 W Cortland St Ste 2 Chicago, IL 60622 | When was the debt incurred? | Opened 9/01/10 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharir | g plans, and other similar debts | |
| | | | ttorney Winfield Radiology | |
| | Yes | Other. Specify Consultants | | |

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| Debtor 1 Debtor 2 | Steven K Schmidt Michele J Trevino-Schmidt | | Case number (if know) | | | |
|----------------------|---|---|---|----------|--|--|
| | Capital Accounts | Last 4 digits of account number | 3922 | \$571.00 | | |
| F | Nonpriority Creditor's Name Po Box 140065 Nashville, TN 37214 | When was the debt incurred? | Opened 6/01/15 | | | |
| 1 | Nationite, TN 37214 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| I | Debtor 1 only | ☐ Contingent | | | | |
| [| Debtor 2 only | ☐ Unliquidated | | | | |
| [| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| [| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| [| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| ı | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| Ι | ☐Yes | ■ Other. Specify Collection A | ttorney Edward V Ghislandi Md | | | |
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 6436 | \$890.00 | | |
| , F | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 9/01/05 Last Active 5/09/09 | | | |
| | Salt Lake City, UT 84130 | - Assistant later of the discountry | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | |
| _ | Debtor 1 only | | □ continued | | | |
| _ | _ | ☐ Contingent | | | | |
| _ | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| - | s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| I | ■ No | Debts to pension or profit-sharing | | | | |
| [| ☐Yes | Other. Specify Credit Card | | | | |
| | Capital One Auto Finance | Last 4 digits of account number | 1001 | \$0.00 | | |
| 7 | Nonpriority Creditor's Name 7933 Preston Rd | When was the debt incurred? | Opened 10/01/07 Last Active 8/25/08 | | | |
| | Plano, TX 75024 | - A | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| - | Debtor 1 only | | | | | |
| _ | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent | | | | |
| _ | _ | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | lebt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| I | No | | | | | |
| [| ☐Yes | Other. Specify Automobile | | | | |

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| Debtor | 2 Michele J Trevino-Schmidt | Case number (if know) | | | |
|--------|---|--|-------------------------------------|------------|--|
| 4.8 | Chase | Last 4 digits of account number | 2179 | \$2,317.00 | |
| | Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 1/01/15 Last Active 8/19/15 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans | | | |
| | | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | | | |
| 4.9 | Chase Nonpriority Creditor's Name | Last 4 digits of account number | 0512 | \$0.00 | |
| | Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 11/20/00 Last Active 4/10/06 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a sepa | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | | | |
| | Yes | ■ Other. Specify Credit Card | | | |
| 4.1 | Credit One Bank Na Nonpriority Creditor's Name | Last 4 digits of account number | 2955 | \$405.00 | |
| | Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 4/01/15 Last Active 8/23/15 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card | | | |
| | ■ No | | | | |
| | Yes | | | | |

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| Debto Debto | r 1 Steven K Schmidt r 2 Michele J Trevino-Schmidt | | Case number (if know) | |
|----------------|---|--|--|----------|
| 4.1 1 | ERC/Enhanced Recovery Corp | Last 4 digits of account number | 1360 | \$55.00 |
| | Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256 | When was the debt incurred? | Opened 12/01/13 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection A | ttorney At T | |
| 4.1 | Fingerhut Nonpriority Creditor's Name | Last 4 digits of account number | 4452 | \$0.00 |
| | 6250 Ridgewood Rd St Cloud, MN 56303 | When was the debt incurred? | Opened 4/30/14 Last Active 5/24/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Charge Acc | ount | |
| 4.1 | First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number | 4425 | \$328.00 |
| | 3820 N Louise Ave Sioux Falls, SD 57107 | When was the debt incurred? | Opened 5/01/15 Last Active 8/28/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | | |

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Debtor 1 Steven K Schmidt

| Debt | or 2 Michele J Trevino-Schmidt | | Case number (if know) | |
|----------|--|--|--|----------|
| 4.1 4 | Hertg Accpt Nonpriority Creditor's Name | Last 4 digits of account number | 7401 | Unknown |
| | 120 W Lexington Elkhart, IN 46516 | When was the debt incurred? | Opened 3/24/10 Last Active 7/23/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Automobile | | |
| 4.1 5 | Kohls/Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 4413 | \$209.00 |
| | . , | | Opened 5/01/15 Last Active | |
| | Po Box 3120 | When was the debt incurred? | 12/15/15 | |
| | Milwaukee, WI 53201 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | 76 of the date you me, the claim | o. Chook an anat appry | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Charge Acc | | |
| 4.1 | | | | |
| 6 | Med Business Bureau | Last 4 digits of account number | 5275 | \$579.00 |
| | Nonpriority Creditor's Name 1460 Renaissance Dr Suite 400 | When was the debt incurred? | Opened 11/01/12 | |
| | Park Ridge, IL 60068 | _ | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | | | |
| | | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim. | |
| | At least one of the debtors and another | Student loans | u Chanti. | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | <u> </u> | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Collection A Other. Specify Emerg Phys | ttorney Med1 02 Central Dupage | |

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Debtor 1 Steven K Schmidt

| r 2 Michele J Trevino-Schmidt | | Case number (if know) | |
|--|--|---|------------|
| Med Business Bureau | Last 4 digits of account number | 5041 | \$450.00 |
| Nonpriority Creditor's Name 1460 Renaissance Dr Suite 400 | When was the debt incurred? | Opened 9/01/13 | |
| Park Ridge, IL 60068 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | | |
| Yes | Other. Specify Collection A Anesthesia | Attorney Med1 02 Elmhurst | |
| Merchants Credit | Last 4 digits of account number | 1623 | \$1,398.00 |
| Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 | When was the debt incurred? | Opened 7/01/13 | |
| Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection A Surgery Ce | Attorney Elmhurst Outpatient | |
| Merchants Credit | Last 4 digits of account number | 0691 | \$263.00 |
| Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 | When was the debt incurred? | Opened 9/01/11 | |
| Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Пол | | |
| ■ Debtor 2 only | ☐ Contingent | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No No | Debts to pension or profit-sharin | | |
| ☐ Yes | Other Specify Collection A | Attorney Dupage Medical Group | |

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| Debto | r 2 Michele J Trevino-Schmidt | | Case number (if know) | | | | |
|---|--|---|---|-------------|--|--|--|
| 4.2 | Ocwen/Homeward Residential | Last 4 digits of account number | 1755 | \$0.00 | | | |
| | Nonpriority Creditor's Name 1525 S Beltline Coppell, TX 75019 | When was the debt incurred? | Opened 11/01/04 Last Active 6/01/06 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community debt | | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | | | | | |
| | Yes | ■ Other. Specify Real Estate | Mortgage | | | | |
| 4.2 | One Advantage Llc | Last 4 digits of account number | 7792 | \$398.00 | | | |
| | Nonpriority Creditor's Name 1232 W State Rd #2 Laporte, IN 46350 | When was the debt incurred? | Opened 1/01/13 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Collection A | ttorney Marianjoy Medical Group | | | | |
| 4.2 | Onemain Financial | Last 4 digits of account number | 6928 | \$11,428.00 | | | |
| | Nonpriority Creditor's Name 6801 Colwell Blvd Ntsb-2320 | When was the debt incurred? | Opened 5/01/15 Last Active 9/24/15 | | | | |
| | Irving, TX 75039 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Unsecured | | | | | |

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Debtor 1 Steven K Schmidt

| Debto | Michele J Trevino-Schmidt | Case number (if know) | | | | |
|----------|---|---|---|---------|--|--|
| 4.2 | Santander Consumer USA Nonpriority Creditor's Name | Last 4 digits of account number | 1000 | Unknown | | |
| | Po Box 961245 Fort Worth, TX 76161 | When was the debt incurred? | Opened 8/01/08 Last Active 7/25/14 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <u> </u> | aration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | ng plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify Automobile | g plane, and one of office | | | |
| | | | | | | |
| 4.2 4 | Stellar Recovery Inc Nonpriority Creditor's Name | Last 4 digits of account number | 5841 | \$91.00 | | |
| | 1327 Hwy 2 W Suite 100 | When was the debt incurred? | Opened 6/01/12 | | | |
| | Kalispell, MT 59901 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| | Yes | Other. Specify Collection A | attorney Comcast | | | |
| 4.2 | Synchrony Bank/Amazon Nonpriority Creditor's Name | Last 4 digits of account number | 7062 | \$0.00 | | |
| | Attn: Bankruptcy Po Box 103104 | When was the debt incurred? | Opened 1/01/15 Last Active 6/15/15 | | | |
| | Roswell, GA 30076 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Charge Acc | count | | | |

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| Debtor 2 | Michele J | Trevino-Schmidt | | Case n | umber (if know) | | | |
|----------------------|--|---|---|-------------------|---------------------------------------|-------------------------|--|--|
| J | Synchrony E | Bank/PayPal Cr | Last 4 digits of account number | 9159 | | \$0.00 | | |
| A P | ottn: Bankru To Box 1031 Roswell, GA | ptcy 104 | When was the debt incurred? | Open 4/17/ | ed 1/18/15 Last Active 15 | | | |
| N | umber Street (| City State Zlp Code the debt? Check one. | As of the date you file, the claim | i s: Check | all that apply | | | |
| | Debtor 1 onl | y | ☐ Contingent | | | | | |
| | Debtor 2 onl | у | ☐ Unliquidated | | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| _ | _ | s claim is for a community | ☐ Student loans | | | | | |
| de | ebt | bject to offset? | Obligations arising out of a separeport as priority claims | ration ag | reement or divorce that you did not | | | |
| | No | | Debts to pension or profit-sharing | g plans, a | and other similar debts | | | |
| | Yes | | ■ Other. Specify Charge Acc | ount | | | | |
| | arget | | Last 4 digits of account number | 7227 | | \$0.00 | | |
| C N | failstop BT | al & Retail Services PO Box 9475 , MN 55440 | When was the debt incurred? | Open 2/14/0 | ed 5/01/00 Last Active 06 | | | |
| N | umber Street (| City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 onl | y | ☐ Contingent | | | | | |
| | Debtor 2 onl | y | ☐ Unliquidated | | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | Check if this | s claim is for a community | ☐ Student loans | | | | | |
| de | ebt | bject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | No | | Debts to pension or profit-sharing | g plans, a | and other similar debts | | | |
| | Yes | | Other. Specify Credit Card | ard | | | | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already Listed | | | | | |
| is trying have mo | to collect fro ore than one c | m you for a debt you owe to some | out your bankruptcy, for a debt that yeone else, list the original creditor in ou listed in Parts 1 or 2, list the addiubmit this page. | Parts 1 | or 2, then list the collection agency | here. Similarly, if you | | |
| Part 4: | Add the Ar | mounts for Each Type of Unse | ecured Claim | | | | | |
| | e amounts of unsecured cla | | s. This information is for statistical r | eporting | purposes only. 28 U.S.C. §159. Add | the amounts for each | | |
| | | | | | Total Claim | | | |
| Tot clain | | Domestic support obligations | | 6a. | \$0.00 | | | |
| from Part | | Taxes and certain other debts y | ou owe the government | 6b. | \$ 0.00 | | | |
| | 6c. | Claims for death or personal inj | ury while you were intoxicated | 6c. | \$ 0.00 | | | |
| | 6d. | Other. Add all other priority unsec | ured claims. Write that amount here. | 6d. | \$0.00 | | | |
| | 6e. | Total Priority. Add lines 6a through | gh 6d. | 6e. | \$ | | | |
| | | | | | Total Claim | | | |
| Tot | 6f. tal | Student loans | | 6f. | \$0.00 | | | |

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| | | Schmidt Trevino-Schmidt | Case n | umber (if know) | |
|-------------|-----|---|--------|-----------------|-----------|
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 20,543.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 20,543.00 |

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| | | 17(7(4)) | 311 11111.7.7 (11.11) | | | | | |
|---|--------------------------|-------------------|-----------------------|--|--|--|--|--|
| Fill in this information to identify your case: | | | | | | | | |
| Debtor 1 | Steven K Schmidt | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | Michele J Trevino- | Schmidt | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | | |
| Case number _ | | | | | | | | |
| (if known) | | | | | | | | |
| | | | | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Oldio | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | - ity | | Olato | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |

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| | | 170611111 | en Paue su c | <u> </u> |
|---|--|--|---|--|
| Fill in this inf | formation to identify your | | | |
| Debtor 1 | Steven K Schmidt | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Michele J Trevino- First Name | Schmidt Middle Name | Last Name | |
| | | | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| | Form 106H le H: Your Cod | ebtors | | 12/15 |
| your name an | d case number (if known) | . Answer every question | ı. | e as a codebtor. |
| Arizona, (No. Go Yes. D 3. In Columnin line 2 | California, Idaho, Louisiana, o to line 3. id your spouse, former spouse, for 1, list all of your codebt again as a codebtor only in 5D), Schedule E/F (Official | Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guarar | e with you at the time? spouse as a codebtor tor or cosigner. Make | ry? (Community property states and territories include ington, and Wisconsin.) r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Officing). Use Schedule D, Schedule E/F, or Schedule G to |
| | umn 1: Your codebtor le, Number, Street, City, State and ZI | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 Nan | | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line |
| Nun City | | State | ZIP Code | |
| 3.2 Nan | ne | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line |
| Nun City | | State | ZIP Code | _ |

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| ГШ | in this information to identify your c | 200. | | | |
|--------------------|---|------------------------------|-------------------------------------|---------------------------|--|
| De | btor 1 Steven K Sc | | | | |
| 1 | btor 2 Michele J Tr | | | | |
| Un | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | |
| | se number nown) | | | | ck if this is: An amended filing A supplement showing postpetition chapter 3 income as of the following date: |
| 0 | fficial Form 106I | | | ī | MM / DD/ YYYY |
| S | chedule I: Your Inc | ome | | | 12/1 |
| sup spo atta | plying correct information. If you use. If you are separated and you | are married and not filing w | ng jointly, and your spouse is | living with ition aboເ | otor 2), both are equally responsible for a you, include information about your at your spouse. If more space is needed, |
| 100 | rt 1: Describe Employment | On the top of any additi | onal pages, write your name a | nd case n | umber (if known). Answer every question |
| 1. | Tt 1: Describe Employment Fill in your employment information. | On the top of any additi | onal pages, write your name a | nd case n | umber (if known). Answer every question Debtor 2 or non-filing spouse |
| | Fill in your employment information. If you have more than one job, | | | nd case n | , , , |
| | Fill in your employment information. | On the top of any additi | Debtor 1 | nd case n | Debtor 2 or non-filing spouse |
| | Fill in your employment information. If you have more than one job, attach a separate page with | | Debtor 1 ■ Employed | nd case n | Debtor 2 or non-filing spouse ☐ Employed |
| | Fill in your employment information. If you have more than one job, attach a separate page with information about additional | Employment status | Debtor 1 ■ Employed □ Not employed | nd case n | Debtor 2 or non-filing spouse ☐ Employed |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

3 weeks

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

| | | | non | -filing spouse |
|----|-----|--------|----------|----------------|
| 2. | \$ | 390.00 | \$ | 0.00 |
| 3. | +\$ | 0.00 | Ψ +\$ | 0.00 |
| 4. | \$ | 390.00 | \$ | 0.00 |
| | | | | |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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| | tor 1 tor 2 | Steven K Schmidt Michele J Trevino-Schmidt | - | (| Case r | number (<i>if ki</i> | nown) | | | | |
|-----|-----------------------|--|--------|------------|----------|-----------------------|-------|---|----------------------|-----------------|--------|
| | | | | | For | Debtor 1 | | | For Debto non-filing | | |
| | Cop | by line 4 here | 4. | | \$ | 390 | 0.00 | _ | \$ | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 39 | 9.00 | | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | | 0.00 | _ | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c |) . | \$ | | 0.00 | - | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d | i. | \$ | | 0.00 | _ | \$ | 0.00 | |
| | 5e. | Insurance | 5e | €. | \$ | | 0.00 | _ | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | | \$ | (| 0.00 | - | \$ | 0.00 | |
| | 5g. | Union dues | 5g | J. | \$ | (| 0.00 | _ | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | (| 0.00 | + | \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 39 | 9.00 | _ | \$ | 0.00 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 35 | 1.00 | _ | \$ | 0.00 | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | ۱. | \$ | (| 0.00 | | \$ | 0.00 | |
| | 8b. | | 8b |). | \$ | | 0.00 | _ | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | | \$ | | 0.00 | _ | \$ | 0.00 | |
| | 8d. | - Programme Programme | 8d | | \$ \$ | | 0.00 | _ | \$ | 0.00 | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8e | | \$ \$ | | 0.00 | - | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g | J. | \$ | (| 0.00 | | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: LINK | 8h | 1.+ | \$ | (| 0.00 | + | \$ | 194.00 | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 5 | \$ | (| 0.00 | | \$ | 194.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 351.00 | + \$ | | 194.00 | = \$ | 545.00 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | depe | | • | , | | , | in <i>Schedu</i> | le J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | | | \$ | 545.00 |
| 13 | Do ' | you expect an increase or decrease within the year after you file this form | ? | | | | | | | Combine monthly | |
| | | No. Vec Evolain: | | | | | | | | | |

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| Fill i | in this informa | ation to identify ye | our case: | | | | | |
|--------------|--|---|---|---|--|------------------|---|-------------------------------|
| Debt | tor 1 | Steven K Sch | hmidt | | | _ | neck if this is: | |
| Debt (Spo | tor 2 ouse, if filing) | Michele J Tre | evino-Sch | | | A supplement sho | l wing postpetition chapter f the following date: | |
| Unite | ed States Bank | ruptcy Court for the | : NORTI | HERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | ficial Fo | orm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | nses | | | | 12/1 |
| Be a info | as complete ormation. If m nber (if know | and accurate as nore space is ne n). Answer eve | s possible eeded, atta ry questio | . If two married people ar | | | | |
| Part 1. | Is this a join | ribe Your House | ehold | | | | | |
| •• | □ No. Go to | | | | | | | |
| | _ | | in a separ | ate household? | | | | |
| | . 00. 5 0 | | | | | | | |
| | | | st file Offic | ial Form 106J-2, <i>Expense</i> s | for Separate House | ehold of De | ebtor 2. | |
| 2. | Do you hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | _ | _ ⊔ Yes □ No |
| | | | | | | | | ☐ Yes |
| 3. | | penses include of people other t | than | No | | | | |
| | yourself an | d your depende | ents? □ | Yes | | | | |
| exp | imate your ex | a date after the | our bankr | ly Expenses uptcy filing date unless y ry is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance icluded it on Schedule I:) | | | Your exp | oenses |
| 4. | | or home owners and any rent for th | | nses for your residence. In | nclude first mortgag | e 4. | \$ | 0.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | • | erty, homeowner' | | | | 4b. | | 0.00 |
| | | | • | upkeep expenses | | 4c. | | 0.00 |
| 5 | | owner's associa | | dominium dues our residence , such as ho | mo oquity looss | 4d. | \$ \$ | 0.00 |
| | AUGIGITAL | mortuade Davin | enns ioi vi | an residence such as no | OF FOUND MADE | :) | 413 | |

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| | Schmidt | | | |
|-----------------------------------|--|---|--|---|
| ebtor 2 Michele J Trevino-Schmidt | | Case num | ber (if known) | |
| | | | _ | |
| | heat material man | 0- | c | 202.22 |
| • | | | | 230.00 |
| • | | | | 120.00 |
| • | · · · · · · · · · · · · · · · · · · · | | · · · | 292.00 |
| | | | · | 0.00 |
| | | | · | 194.00 |
| | | | · | 0.00 |
| • | | _ | · | 25.00 |
| • | | | | 25.00 |
| | • | 11. | \$ | 0.00 |
| | | 12 | ¢ | 60.00 |
| | | | · | 0.00 |
| | | | · | |
| | ributions and religious donations | 14. | > | 0.00 |
| | surance deducted from your pay or included in lines 4 or 20 | | | |
| | , , , | | \$ | 0.00 |
| | | | · · | 0.00 |
| | | | | 60.00 |
| | | | | 0.00 |
| | | | Ψ | 0.00 |
| | clude taxes deducted from your pay or included in lines 4 or | | \$ | 0.00 |
| · — | ease navments: | | | 0.00 |
| | | 17a. | \$ | 0.00 |
| | | | · | 0.00 |
| | | | | 0.00 |
| | | | • | 0.00 |
| • | | | | 0.00 |
| | | | \$ | 0.00 |
| | | , | \$ | 0.00 |
| ecify: | | 19. | | |
| er real prop | erty expenses not included in lines 4 or 5 of this form or | on Schedule I: Yo | our Income. | |
| . Mortgages | s on other property | 20a. | \$ | 0.00 |
| . Real estat | e taxes | 20b. | \$ | 0.00 |
| . Property, h | nomeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| . Maintenan | ce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| . Homeown | er's association or condominium dues | 20e. | \$ | 0.00 |
| er: Specify: | | 21. | +\$ | 0.00 |
| | | | | |
| - | | | | |
| | S . | | | 1,006.00 |
| . Copy line 2 | 2 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | |
| . Add line 22a | a and 22b. The result is your monthly expenses. | | \$ | 1,006.00 |
| culate veur : | monthly net income | | | |
| | | 222 | \$ | 545.00 |
| | | | · | |
| . Copy your | monuny expenses nom line ZZC above. | ∠3D. | -φ | 1,006.00 |
| Subtract v | our monthly expenses from your monthly income | | | |
| | | 23c. | \$ | -461.00 |
| ine result | is your monuny necinoonie. | _56. | | |
| you expect a | an increase or decrease in your expenses within the vea | after you file this | form? | |
| example, do yo | ou expect to finish paying for your car loan within the year or do you e | | | or decrease because of a |
| | terms of your mortgage? | | | |
| No. | | | | |
| Yes. | Explain here: | | | |
| | Michele Cities: Electricity, Water, sex Telephone Other. Speed and house Idcare and citing, laund sonal care publical and deinsportation. In the include cartainment, with the inciting of the insurance. In the include in the inciting of the insurance of the insu | ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: dd and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include car payments. Include contributions and religious donations Irance. Include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Uther insurance. Other insurance. Other insurance. Other insurance. Other insurance Specify: So not include taxes deducted from your pay or included in lines 4 or cify: Include the sepayments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: In payments of allimony, maintenance, and support that you did not reducted from your pay on line 5, Schedule I, Your Income (Official Former payments you make to support others who do not live with you. Cify: Real estate taxes Property expenses not included in lines 4 or 5 of this form or Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Ser: Specify: Culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form Add line 22a and 22b. The result is your monthly expenses. Culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from Jim 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income. | Michele J Trevino-Schmidt Ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: da and housekeeping supplies dd and housekeeping supplies stod and housekeeping supplies stod and housekeeping supplies dd and housekeeping supplies stod and house supplies stod and housekeeping supplies stod include discussed educted from your pay or included in lines 4 or 20. It is supplied to supplied to supplied supp | Michele J Trevino-Schmidt ities: Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services 6a. \$ Other. Specify: 6d. \$ dand housekeeping supplies 7. \$ Idecare and children's education costs thing, laundry, and dry cleaning 9. \$ sonal care products and services 10. \$ Itielial and dental expenses 11. \$ sitielial and dental expenses 12. \$ sertainment, clubs, recreation, newspapers, magazines, and books 13. \$ surrance. 14. \$ surrance. 15. \$ surr |

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| Fill in this info | ormation to identify your | ase: | |
|---|--|---|--|
| Debtor 1 | Steven K Schmidt | | |
| 200101 | First Name | Middle Name Last Name | |
| Debtor 2 | Michele J Trevino- | Schmidt | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States I | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | |
| Case number | | | |
| (if known) | - | | ☐ Check if this is an |
| | | | amended filing |
| f two married You must file tobtaining mon | people are filing togethe | connection with a bankruptcy case can result i | |
| Si | ign Below | | |
| Did you բ | pay or agree to pay some | one who is NOT an attorney to help you fill out b | eankruptcy forms? |
| ■ No | | | |
| ☐ Yes. | . Name of person | | Attach Bankruptcy Petition Preparer's Notice, |
| _ | · | | Declaration, and Signature (Official Form 119) |
| X /s/ St | nalty of perjury, I declare are true and correct. even K Schmidt en K Schmidt ture of Debtor 1 | | J Trevino-Schmidt Trevino-Schmidt |
| Date | April 28, 2016 | Date April | 28, 2016 |
| • | 5111 20, 2010 | | |

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| -:11 | in this inform | | | | | |
|---|--|----------------------------------|--|---|--|---|
| | | nation to identify you | | | | |
| Debtor 1 | | Steven K Schmid | t Middle Name | Last Name | | |
| Del | otor 2 | Michele J Trevino | | | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | nkruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Case number (if known) | | | | | _ | heck if this is an mended filing |
| Sta | as complete a | of Financial | | re filing together, both are | ankruptcy equally responsible for sup | |
| | | n). Answer every ques | | Lived Refere | | |
| 1. | | r current marital statu | rital Status and Where You | Lived Before | | |
| • | _ | our one marker state | | | | |
| | ■ Married □ Not married | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | |
| | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Address: | | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Par | art 2 Explain the Sources of Your Income | | | | | |
| 4. | 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | |
| | □ No ■ Yes. Fil | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | | ■ Wages, commissions, bonuses, tips | \$180.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Debtor 1 Steven K Schmidt

Debtor 2 Michele J Trevino-Schmidt

Case number (if known)

| | | | | Debtor 1 | | Debtor 2 | |
|----|--|--|--|--|---|---|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calen anuary 1 to | dar year: December | 31, 2015) | ■ Wages, commissions, bonuses, tips | \$34,211.67 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$47,002.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| 5. | Include include and other winnings. List each s | come regard public bene If you are fil | dless of wheth fit payments; ing a joint cas the gross inco | pensions; rental income; inte e and you have income that | amples of other income are al | • | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | | y 1 of curre filed for bar | nt year until nkruptcy: | | \$0.00 | LINK | \$776.00 |
| | | | | Unemployment | \$9,463.32 | | |
| | r last calen anuary 1 to | dar year: December | 31, 2015) | | \$0.00 | LINK | \$2,328.00 |
| | | dar year be December | | | \$0.00 | LINK | \$2,328.00 |
| Pa | rt 3: List | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | |
| 6. | Are either ☐ No. | Neither De | ebtor 1 nor D | 's debts primarily consume bebtor 2 has primarily consu personal, family, or househo | umer debts. Consumer debts | s are defined in 11 U.S.C. § 10 | 1(8) as "incurred by an |
| | | During the No. | 90 days befo Go to line 7 | • • • | id you pay any creditor a total | l of \$6,425* or more? | |
| | | □ Yes | paid that cre | | nts for domestic support oblig | n one or more payments and t ations, such as child support a | |
| | | * Subject | to adjustment | on 4/01/19 and every 3 year | s after that for cases filed on | or after the date of adjustment | t. |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, d | umer debts. id you pay any creditor a total | of \$600 or more? | |
| | | ■ No. | Go to line 7 | | | | |
| | | ☐ Yes | include pay | | | I the total amount you paid tha port and alimony. Also, do not | |

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| Del | otor 2 Michele J Trevino-Schmidt | Case number (if known) | | | | |
|-----|---|---|---|---|---------------------------------|---|
| | | | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen control, or owner of 20% o | eral partners; partners partners of their votin | erships of which yog securities; and a | u are a genera ny managing a | Il partner; corporations gent, including one for |
| | ■ No | | | | | |
| | Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for | this payment |
| | molder o Hame and Address | Dates of payment | paid | still owe | reason for | ino paymont |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an |
| | , , | , | | | | |
| | No | | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Do | t 4: Identify Legal Actions. Repossession | and Forestonius | • | | | |
| Га | t 4: Identify Legal Actions, Repossession | is, and Foreciosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details. | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | 0.0000 |
| | Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | hed, attached | l, seized, or levied? |
| | No. Go to line 11. | | | | | |
| | ☐ Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | d | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details. | | luding a bank or fi | nancial institution | , set off any a | mounts from your |
| | | Beauth the address the | | Data | 41 | A |
| | Creditor Name and Address | Describe the action the | creditor took | taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | ion of an assigne | e for the bene | fit of creditors, a |
| | | | | | | |

Debtor 1 Steven K Schmidt

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| | btor 2 Michele J Trevino-Schmidt | | Case number | (if known) | | | |
|-----|--|------|---|-----------------------------------|-----------------------|--|--|
| Par | rt 5: List Certain Gifts and Contribution | ne | | | | | |
| | | | did you give any gifts with a total value of more t | han \$600 per person? | ? | | |
| | Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and Address: | | Describe the gifts | Dates you gave the gifts | Value | | |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or o | | did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value | | |
| Par | rt 6: List Certain Losses | | | | | | |
| | or gambling? ■ No □ Yes. Fill in the details. Describe the property you lost and | Desc | ribe any insurance coverage for the loss | Date of your | Value of property | | |
| | how the loss occurred | | de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | loss | lost | | |
| Par | rt 7: List Certain Payments or Transfer | 's | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not N | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| | Law Office of Jason Blust 211 W. Wacker Suite 200 Chicago, IL 60606 | | \$765 attorney fees \$335.00 filing fee \$155.00 expenses | 2014-2016 | \$1,255.00 | | |
| | Macey Bankruptcy Law Sears Tower | | \$1793 | 2009-2013 | \$1,793.00 | | |

233 S Wacker, Suite 5150 Chicago, IL 60606

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Debtor 1 Steven K Schmidt

Debtor 2 Michele J Trevino-Schmidt

Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or not include any payment or transfer that you list | or to make payments | | | r transfer any proper | ty to anyone who | | | |
|---|--|---|---------------------------|----------------|---|---|--|--|--|
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | Description and vatransferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment | | | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi | iness or financial affa | irs? | | | | | | |
| | | Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address | Description and va property transferre | | | any property or received or debts change | Date transfer was made | | | |
| | Person's relationship to you | | | | - | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| Name of trust Description and value of the property transferred | | | | | ed | Date Transfer was made | | | |
| Par | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Stor | age Units | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | | ast 4 digits of ccount number | Type of accountinstrument | clo mo | te account was sed, sold, ved, or nsferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acco Address (Number, St State and ZIP Code) | | Describe the (| contents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 y | ear before yo | u filed for bankruptc | y? | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the (| contents | Do you still have it? | | | |
| | | · · · · · , | | | | | | | |

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Debtor 1 Steven K Schmidt

Debtor 2 Michele J Trevino-Schmidt

Case number (if known)

| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
|-----|--|---|----------|------------------------------------|-----------------------|--|--|--|
| 23. | 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Desc | ribe the property | Value | | | |
| Par | t 10: Give Details About Environmental Inform | ation | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun | • • | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | law, w | hether you now own, operate, | or utilize it or used | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | nmental law defines as a hazardou | s wast | e, hazardous substance, toxic | substance, | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n they | occurred. | | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | e unde | r or in violation of an environm | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | | invironmental law, if you now it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | | nvironmental law, if you now it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | re of the case | Status of the case | | | |
| Par | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have a | ny of th | ne following connections to an | y business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |

Case 16-14425 Doc 1 Filed 04/28/16 Entered 04/28/16 10:46:21 Desc Main Page 42 of 53 Document Steven K Schmidt Debtor 1 Debtor 2 Michele J Trevino-Schmidt Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Steven K Schmidt /s/ Michele J Trevino-Schmidt Steven K Schmidt Michele J Trevino-Schmidt Signature of Debtor 1 Signature of Debtor 2 Date April 28, 2016 Date April 28, 2016

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

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| Fill in this information to identify your case: | | | | | | | |
|---|--------------------|-------------------|-------------|--------------------------------------|--|--|--|
| Debtor 1 | Steven K Schmidt | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Michele J Trevino- | Schmidt | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | | | |
| Case number _ | | | | ☐ Check if this is an amended filing | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Debtor 2 | | Case number (if known) | |
|----------------------|---|---|-------------------------------------|
| name | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a | ☐ Yes |
| | iption of | Reaffirmation Agreement. | |
| prope | ing debt: | ☐ Retain the property and [explain]: | |
| | | | _ |
| Part 2: | List Your Unexpired Personal Property Leas | ses ted in Schedule G: Executory Contracts and Unexpired | d Leases (Official Form 106G), fill |
| in the inf | ormation below. Do not list real estate leases. | . Unexpired leases are leases that are still in effect; the e if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. |
| Describ | e your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's | name: ion of leased | | □ No |
| Property | | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Descript Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Descript Property | ion of leased ': | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased ·· | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased : | | ☐ Yes |
| Part 3: | Sign Below | | |
| | enalty of perjury, I declare that I have indicated that is subject to an unexpired lease. | d my intention about any property of my estate that sec | cures a debt and any personal |
| | Steven K Schmidt | X /s/ Michele J Trevino-Schmidt | |
| Ste | even K Schmidt nature of Debtor 1 | Michele J Trevino-Schmidt Signature of Debtor 2 | |
| Dat | te April 28, 2016 | Date April 28, 2016 | |

Official Form 108

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7: | Liquidation |
|--------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-14425 Doc 1 Filed 04/28/16 Entered 04/28/16 10:46:21 Desc Main Document Page 49 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In 1 | re | Steven K Schn Michele J Trev | | chmidt | | | Case No. | | |
|------|----------------|--|-------------------------------------|--|--|---|---|--|----------|
| | - | Wildrig & Trev | | ommat . | De | ebtor(s) | Chapter | 7 | |
| | | DIS | CLO | OSURE OF COM | MPENSATION | OF ATTOR | NEY FOR DI | EBTOR(S) | |
| 1. | con | suant to 11 U .S.C | C. § 32 o me v | 29(a) and Fed. Bankr. P. | 2. 2016(b), I certify the filing of the petiti | nat I am the attorne on in bankruptcy, o | y for the above nar or agreed to be paid | ned debtor(s) and that to me, for services render | ed or to |
| | | For legal service | es, I h | ave agreed to accept | | | \$ | 765.00 | |
| | | Prior to the filin | g of tl | his statement I have rece | eived | | \$ | 765.00 | |
| | | | | | | | | 0.00 | |
| 2. | The | e source of the con | mpens | sation paid to me was: | | | | | |
| | | Debtor | | Other (specify): | | | | | |
| 3. | The | e source of compe | nsatio | on to be paid to me is: | | | | | |
| | | Debtor | | Other (specify): | | | | | |
| 4. | | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | | | |
| | | | | the above-disclosed cor, together with a list of t | | | | or associates of my law fached. | irm. A |
| 5. | In | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | | |
| | b. c. d. | Preparation and f Representation of Representation of [Other provisions | iling of the d the d as ne | of any petition, schedule lebtor at the meeting of debtor in adversary proceeds | es, statement of affai creditors and confir eedings and other co | rs and plan which r mation hearing, and intested bankruptcy | nay be required; any adjourned hea matters; | | ey; |
| 6. | Ву | agreement with th | ne deb | otor(s), the above-disclo | sed fee does not incl | ude the following s | service: | | |
| | | | | | CERTIFIC | CATION | | | |
| this | | ertify that the fore cruptcy proceeding | | is a complete statement | t of any agreement of | r arrangement for p | payment to me for r | epresentation of the debto | r(s) in |
| | April | I 28, 2016 | | | | Jason Blust, Law | | | |
| | Date | | | | <i>Si</i> La 21 | son Blust, Law Of mature of Attorney w Office of Jason 1 W Wacker Drive E 200 | Blust | st #6276382 | |

Chicago, IL 60606

Name of law firm

(312) 273-5001 Fax: (312) 273-5022

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United States Bankruptcy Court Northern District of Illinois

| In re | Steven K Schmidt Michele J Trevino-Schmidt | | Case No. | |
|-------|--|---------------------------------------|-------------------------|---|
| | | Debtor(s) | Chapter | 7 |
| | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | |
| | | Number of | Number of Creditors: 23 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of (our) knowledge. | | | |
| Date: | April 28, 2016 | /s/ Steven K Schmidt Steven K Schmidt | | |
| | | Signature of Debtor | | |
| Date: | April 28, 2016 | /s/ Michele J Trevino-Schmidt | | |
| | | Michele J Trevino-Schmidt | | |
| | Signature of Debtor | | | |

Afni 1310 Martin Luther King Dr Bloomington, IL 61701

Armor Systems Co 1700 Kiefer Dr Ste 1 Zion, IL 60099

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Capital Accounts Po Box 140065 Nashville, TN 37214

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance 7933 Preston Rd Plano, TX 75024

Chase Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Fingerhut 6250 Ridgewood Rd St Cloud, MN 56303

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Hertg Accpt 120 W Lexington Elkhart, IN 46516

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Med Business Bureau 1460 Renaissance Dr Suite 400 Park Ridge, IL 60068

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Ocwen/Homeward Residential 1525 S Beltline Coppell, TX 75019

One Advantage Llc 1232 W State Rd #2 Laporte, IN 46350

Onemain Financial 6801 Colwell Blvd Ntsb-2320 Irving, TX 75039

Santander Consumer USA Po Box 961245 Fort Worth, TX 76161

Stellar Recovery Inc 1327 Hwy 2 W Suite 100 Kalispell, MT 59901 Synchrony Bank/Amazon Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/PayPal Cr Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Target C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440